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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/980954-Conf. #3440
		Filing Date	June 5, 2000
		First Named Inventor	Akira Kaji
		Art Unit	1656
		Examiner Name	D. J. Steadman
Total Number of Pages in This Submission		Attorney Docket Number	K0448.70012US00

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Wilson, et al., EMBO J. 24:251-260, 2005 Agrawal, et al., Proc. Natl. Acad. Sci 101:8900-8905, 2004 Lancaster, et al., Cell 111:129-140, 2002 Gao, et al., Molecular Cell 18:663-674, 2005 <b>Two Month Extension Fee Return Receipt Postcard</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	Applicant claims small entity.
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.	
A check in the amount of \$225.00 is enclosed to cover the two month extension fee. Please charge any underpayment or credit any overpayment to Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	John R. Van Amsterdam		
Date	November 21, 2005	Reg. No.	40,212

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to **Mail Stop AMENDMENT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11/21/05

June Watson